FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yes	or 2b. HOUR
7 6 5	(Type or Print) James Royston Anderson OF ESTI- June 14	
it men	3. SEX Male White Mar. 24, 1906 6. AGE (In years IF UNDER 14 HRS. 16 UNDER 24 HRS. 17 UNDER 24 HRS. 18 UNDER	8 2d. Hour
orm 1, 2, 2, 2, e.e. Depo	70. BIRTHPLACE (Stote or foreign To. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Queen Annes	Md
after death. In y detay along the Pages 1, 2, and along with form Physics with the State Department eath.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Chester 12. USUAL OCCUPATION (Kind of work done divine as a light past light post in past light past li	BUSINESS OR Steel
after a Given alang with with	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STANLAND 13b. COUNTY LIMITS? 13e. STREET AND NUMBER (hester YES NO X)	*
24 hours in Item 11 office.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Eckstein James Fulton Anderson Lottie Eckstein	Lost
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or duties of service) 216–09–5657 Mrs. Dorothy Jones—(hester, Marylan	
in pe in pe il Exar I. File Iin 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROX PROVEN	IMATE INTERVAL ONSET AND DEATH
should be executed wine word "pending" in perion the Chief Medical Example burial-transit permit. File in any event within 72	PART I DEATH WAS CAUSED BY:	taxI.
d be exected "pend Chief Me	Conditions, if ony, which gove nise to immediate cause (o), stating the underlying cause (D). DUE TO, OR AS A CONSEQUENCE OF	
e should the ward to the Ch burial-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
ficate ing the ded to ded to as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	0.0
writ writ rwar rwar rwar neva	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH 1967 Shot Self With the pount of injury in Port 1 or Port 2, Item 18.) 211. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 212. INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Item 18.)	
# F P P	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month-Doy, Year 100 2 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
EXAMINER: Toute the certificage 4 should by your files. I your files. Page 3 should to ramation, or	The react of mark the nome, total, sheet, [211. Excention sheet of R.J.D. Ro. (117 01 10 Will	Stote
EXAP ute 1 you you Page 4	AT WORK DAT WORK AD HOME DOMINION LUTE! Chester Cap.	md
ACAL trar. Pred far red far ECTOR	22a. I certify that I toak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner	n my apinian
JITY SIC.	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
fun day	EXAMINER'S C. Rodney Layton DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	1967 Md.
TO D nece the 5 m TO FL	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
VR A15ME(SI)	24. EUNERAL DIRECTOR L. Land Church Hill, Marylanday UN 20 1968 Clarker Jus	ye.

MAKYLAND STATE DEPARTMENT OF HEALTH

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2 20	3. SE		4. RA	Œ \(\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		S. DATE OF BIRTH		6. AGE (In yet last birthday	ors ors		F UNDER 24 HRS. HOURS MIN
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ghad		210. ACCIDENT WAS UND		b. TIME OF INJURY		W INJURY OCCURRED (E		of injury in Port ! or	Port 2, Item	18.)	
	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HE	DUR A.M. Month Doy P.M.	Yeor 19						
	ME	21d. INJURY OCCURRED While Not while	21e. PLACE OF	INJURY (AT HOME, FARM, STR.		ATION Street or R.F.D.	No.	City or Town	(County	Stote
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		22a. I certify that ((this hospi	attended the dec	eased from	that in (my) (aur)	opinian d	enth occurred on	_, 19 <u>6</u> 6	nd hour a	l) (me) lost
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		22b. SIGNATURE	R	19 -1		ATTENDING	MED.	STAFF -	22c, DATI	1 11	-
		Mu	1	Courte.	DEGREE	E PHYS.	MED. DIRECTOR	STAFF PHYS.	10/	28/6	8
,		22d. PHYSICIAN'S NAME (Type)	IN K	Smith	1/	22e. ADDRESS	treu	ille	Wed		
F	230	DIIDIAI COEMATIGAI	23b. DATE	23r NAM	E OF CEMETERY OR C	REMATORY	234	LOCATION (City, or Tow	(n)	(ounly)	(Stote)
	A.	BUCIA .		8,1968 Che	STERFIEL	1117 1	- 1/1.	Streville 6	DUEEL	HUNKES	Md.
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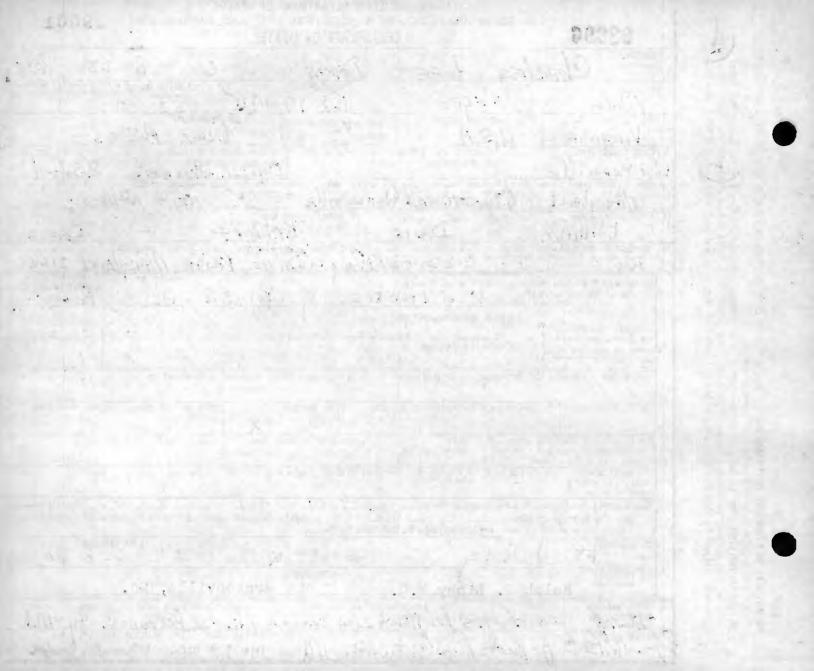
FOR STATE		DIVISIO			ION STREET, BALTI		AND 21201			900	10
FOR STATE	_	00000			CERTIFICATE	OF DEATH					
HEALTH-DEPT.		CEASED-NAME First ype or Print)		Middle	Lost		OF ESTI-	Month	Day	Yeor	2b. HOUR
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d ve		ondtown, Md.		At Hon		Labo	r			riou	9
haurs after Item 18. Give Office alang Iand 2 with th after death.	130.	USUAL RESIDENCE (Where deceo	ed lived, if institution	Residence before 13c.	Dans & Takes	INSIDE CITY LIMITS?	13e. STREET AND NU	MBER			
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hin 24 niner's niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give	FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS R	F.D	.#1	W.C. 33
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ed in E		18. CAUSE OF DEATH (Enter on	ly one couse per line fo	(o), (b), ond (c).)					REY	PPROXIMATE I	INTERVAL AND DEATH
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exe endi Me t pe		4129	DUE TO, OR AS A	CONSEQUENCE OF							
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this cate, be fa	CERTIFICATION			WAS PERFORMED?						YES 🔲	NO A
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(AMINER: e the certifie 4 shauld rour files. age 3 shaul crematian,	W.		PLACE OF INJURY (At ho	ne, farm, street,	21f. LOCATION Street o	r R.F.D. No.	City or Town		Count	y	Stote
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tar. Paged far CTOR: Purial,		22a. 1 certify that I t	ook charge of the re	mains described ab	ove, held an Autop	sy , Ins	pection , I	nquiry 🖟	, a	nd in my	y opinio
tar. ed ed Office burr office		death resulted fram:	Natural causes	, Accident	, Suicide ,	Homicide	Undetermined	manner			
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る。キャンちょり	230	BURIAL, CREMATION, 23b.	y C. Layte	23c. NAME OF CEMET	ERY OR CREMATORY	23d.	LOCATION (City of To	own)	(County	(5)	ote)
N	E	official 6/	24/68	Mt.Plea	sant Cem.	R	F.D.Mil	ling	ton	Mo	3
(4)	24.	FUNERAL DIRECTOR	M	- ADDRESS	7	250. REC'D BY REC	GISTRAR 25b. F	REGISTRARS	SIGNATU	Rŧ	
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MAKYLAND STATE DEPARTMENT OF HEALTH

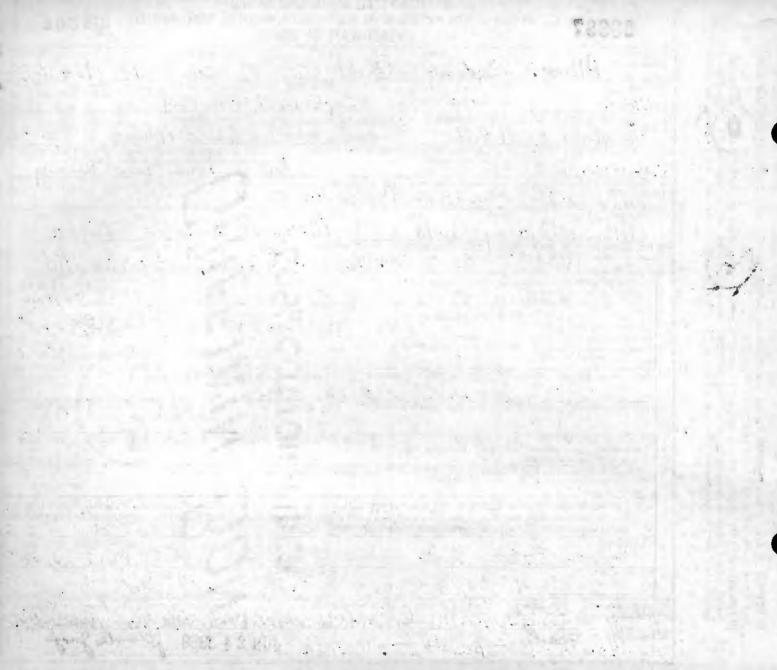
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1	MARILAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Vi	CERTIFICATE OF DEATH	
12/1		HOUR
within 72 hours after dea		25 PM
0	CITALLA PLE TITIE	R 24 HRS.
ľ	Marini Days Hours	
-	11/A/E 1-9-0 150,17,17 33 18.	
	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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171	ission) MATERIAND 136 KOUNTY SHINES GRASONY (E YES NOTE KENT NARROWS	
/ 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Light	
	William - Davis Bridget - Davi	S
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT BROWNESS	_
_	es, nosquinknown) (If yes give war or dates of service) 212-20-8377 Roy D. DAVIS RICE MARCULAND 216	56
-	APPROXIMATE INTE	RVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C 1 RR NO S S S D L VER RECORD	DEATH
- 1	Fnia	
	Oue To, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
1	rise to immediate cause (o). (b)	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	5.87.0	
2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN	NG.
2	452 NO	
	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	(If either, natify medical examiner) P.M. 19	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Town County	State
	at work of work	
	22a. I certify that (1) (this hospital) attended the deceosed from 7 - 10 , 19 7 , to 6 - 8 , 19 6 , that (1) (** saw the deceased give an 19 6 and that in (my) (*** opinion death accurred on the date and hour and fr	ve) last
	saw the deceased alive an	om the
	couses stated above, (I) (we) (did not) view the bady ofter death.	
	22b. SIGNATURE DEGREE PHYS DIRECTOR DAYS C DIRECTOR DAYS	
	THIS CONCERN THIS	
1	22d. PHYSICIAN'S NAME (Type) Dollah El Tibbro M. D. Grascopyrilla Md	
1	RAIDH E. LIDBY M.H. GIASONVIIIE, IM.	
2	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State State	(9)
	BUCIAL FAME 12, 168 HER HOUST ZION CEMETERY FAINTER HOCOMAG COORTY, III	d,_
68	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE	
8	oral W. Barton Ar Barton Boro Centructle 1/6 DATE JUN 12 1968 Charles Judge	

ANADVIAND STATE DEDARTMENT OF HEALTH



7 X	1	BUSINESS OF WAS ACCOUNT. DEFENDING OF BUSINESS MADVIAND ASSAULT
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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- S		SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MADDIED 7 NEVED MADDIED 7 S. COUNTY OF DEATH
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y fi	10	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dring most of working life, even it retired.) LENTRE STOCKED - MATION (Kind of work done dring most of working life, even it retired.) LENTRE STOCKED - MATION (BANK DANK)
d w arb	130.	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 18c, CITY OR TOWN 13d, INSIDE CITY UMITS? 13e, STREFT AND NUMBER
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within is be retained by the hospital or attending physicion. JIRECTOR: After this certificate has been signed by the attending the physician and completely file as 3 should be detached for use as the buriof-transit permits, then please remove carbon peed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within	odm	ission) APTARULAND 136. COUNTY EN HAWES CENTREUT (E YES NO DE
d co	14, 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
and rem		Albert Sydney GADD MARGARET ESTELLE TAYLOR
ore by and in	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
\$ 1 2 2 3	Y	es go os unknown) (Illy as give wor or dailes of service) 220.26.3940 (Res. Ruth B. Gadd Centreville Md.
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£ 5 1 5		PART I. DEATH WAS CAUSED BY:
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SIC Spiriting of all the	MEDICAL	(If either, notify medical examiner) P.M. 19
hos s ce och ept.	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
C PHYSIC the hospit this certical detoched te Dept. o		While Not while at wark OFFICE BUILDING, ETC.
by by Stat		22a. I certify that (I) (this haspitol) attended the deceased from Oct., 1962, 10 June 17, 1960, that (I) (we) lost
FINE PER PER PER PER PER PER PER PER PER PE		sow the deceased alive on \(\frac{\tau_n_2_{1}}{\tau_{1}} \) \(\frac{1}{\tau_{1}} \) \(
The production of the producti		22b. SIGNATURE 22c. DATE SIGNED
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VIL C		22d. PHYSICIAN'S 22e. ADDRESS
RA Be		NAME (Type) C. K. Layton Cantreville Mel
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendit director, page 3 should be detoched for use as the buriof-transit permits, should be filed with the State Dept. of Health prior to burial, cremation, or re	230.	BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City or Town), (County), (Stote)
Pool of prings	-	ENOUGH (Sprity) JUNE 21, 1968 ChESTERTIE (d CEMETERY CENTREVILLE QUEENTWIES, Md.
. –	24.	JUNERAL DIRECTORS 250. RECURS PY REGISTRAR CO 25b. MY PART'S SYNATURE.
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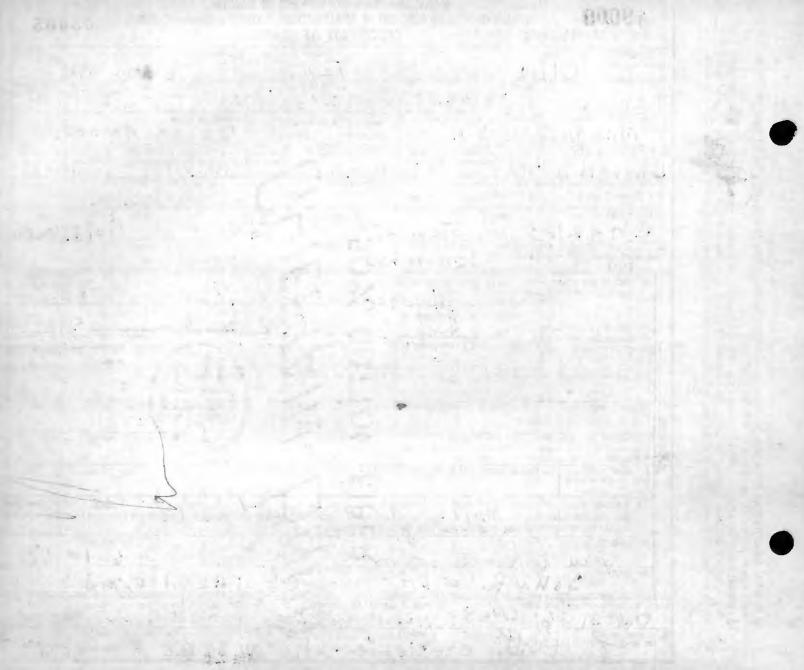


1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 1 10
FOR STATEA		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3.5
HEALTH DEPTY		DECEASED NAME First Middle Last 2a. DATE KNOWN Manth OF ESTI-	Day Year 2b HOUR
tof tof		JAMUEL CODERT JACKSON DEATH MATED JUNE	19
y delay s , and 3 to PM3. Page nartment of	3 5	ARACE S DATE OF BIRTH 6 AGE (n years F under 1 year IF Linder 24 Hrs. 2c. DATE PRONOUNCED DEAD Month June Doy 13	Year 19 68 4 2M
2, 2, P.		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	<u> </u>	MINIMARYLAND U.S.A. WIDOWED DIVORCED (DUEEN HANES	Md
ofter death 8. Give Pages olong with far with the Stote Jeoth.	10	(ITY OR TOWN OF DEATH 1) NAME OF HOSP TAL OR INSTITLTION (If not in haspital during most of working if e even if ret red) ENTREMED Street oddress)	126 KIND OF BUSINESS OR INDUSTRY
This certificate should be executed within 24 hours offer death and 3 to cate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be forwarded to the Chief Medical Exonings office along with farm PM3. Page 1 be used as a burial-transit permit. File pages for 2 with the State Department of a removal, and in any event within 72 hours after death.		USUAL RESIDENCE (Where deceased lived, if not tution Residence before ASC CITY OR TOWN 13d INSIDECTY LIMITS? 13e. STREET AND NUMBER admission) FIRE AND 13b (VIVE ENTRE) ENTREVILLE YES NO 120 PER 1 BOX	146
hours Office Office	14,	FATHER'S NAME First Middle Lost IS, MOTHER MAIDEN NAME First Middle	Lost
nel in 24 nel in 24 noges hours	tho	SARGUE KODERT JACKSON KOSE ELLA HA. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC.A. SECURITY NO 17, INFORMANT SISTERS ADDRESS R.L.	MMONCE
£ 5 5 ~~**		(If yes give war or dates of service) 213-16-7001 NR. REAR E, KAUFMAN (ENTRE)	ille, Md,
ted in of E) of E) thin thin		IB. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
ding ding secm wit		IMMEDIATE CAUSE (0) Just Levice by Vrown Ing	15-20 MI
pen pen pen ef M ef M		Onditions, if any, which gave	
Id b rid c Chii		rise to immediate cause (a), (b). Stating the underlying cause (Due TO, OR AS A CONSEQUENCE OF	
shou we the uriol		lost.	
KAMINER: This certificate should be executed wifte the certificate, writing the word "pending" in pergret should be forwarded to the Chief Medical Exonoge 3 should be used a burial-transit permit. File cremation, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
riting riting varde val,	NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
forw forw forw forw forw	CERTIFICATION	WAS PERFORMED?	YES NO DE
ficat	CERT	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ste	
INER: e certi should files. 3 shou otion,	MEDICAL		to Shallow water
the the shart fill and the shart	M.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, AT WORK AT WORK AT WORK CENTRE VILLE What For North Centre VILLE AT WORK AT WORK CENTRE VILLE What For North Centre VILLE 21f OCAT ON Street or R.F.D. Na City or Town Control VILLE Control VIL	County State
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JICA Director. director. etoined DIRECTO		death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner (
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ro DEPUTY necessary, g the funeral 5 may be r ro FUNERAL Heolth pric		NAME (Type) C. R. LozyTon ADDRESS (Street, city, town or county) Centres	
5 = ± ~ 5 ±	230	BURIAL (REMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 200 LOCATION (City of Jown)	(County) (State)
	-24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR OCCUSS REGISTRAR COLOS	GMATURI MARIA
VR A15ME (5) 10M REV 1768	1	mild, Bathy Bathy Bathy Bout Sees, Contravelle, 110, DATE JUN 11 1900 /	0 0
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FOR STATE HEALTH DEPT.	1 0		21
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		EX # 18 RACE , S DATE OF BIRTH 6 AGE (IN years) IF UNDER 1 YEAR IF JINDER 24 HRS. 2C, DATE PRONOUNCED DEAD	2g HOJR
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fter death ny delay Give Pages 1, 2, and 3 ang with form PM3. Pourth the State Department outh		wrat Stevensville give street address) XX dunng flost of work and life, even if retired.)	NDUSTRY
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	.14 F	ATHER'S NAME Clarence S Middle Spilman 15 MOTHER'S MAIDEN NAME First, Middle Sac	ltler lost
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XAM te the the your your your crem		WHILE NOT WHILE Coctory, office building, etc.)	
L EXA kecute Page far you DR: Pag		220 I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apınian
JICAL E please exect director. Pa etanned for DIRECTOR: rr ta burial,		deoth resulted fram. Natural couses 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner	
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O DEPUTY necessary, p the funeral S may be re O FUNERAL		EXAMINER'S NAME (Type) C. Rodney Layton ADDRESS(Street city, town, or county) Centrevi	ille, Md.
5 = 2 5 m	23a	8_RIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (C	Caunty) (State)
, 25	26	REMOVALISMENT June 24 Baltimore National Baltimore, Mary	
VR A15ME [5]	24	Elan L. Lane Church Hill, Maryland DATE UN 20 TRANS 968 256 PROGRAPH S SI	es Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEA 1. DECEASED-NAME First 2a. DATE KNOWN PC Manth 2b. HOUR (Type or Print) ESTI-11 AM 2d. HOUR 0 DEATH MATED deloy IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD pup HOURS PM3. Month June Day the State Depart 7a. BIRTHPLACE (State or foreign 75 CITIZEN MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED [DIVORCED 8. Give Poges death. 10. CITY OR TOWN OF CEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olong with give street address) during most of warking life, even if retired.) INDUSTRY and 2 with deoth. ere deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LEMITS? 13e. STREET AND NUMBER YES NO DE Office in Item 1 ofter 14. FATHER'S NAME IS MOTHER'S MAUDEN NAME First Last SEORAI forwarded to the Chief Medical Examiner's poges hours pencil 17 INFORMANT within (Yes, no of unknown) (If was give war or dates of service) 0811 JOSEP! File . within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY mer IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditians, if any, which gave rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 or removal, CERTIFICATION used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [pe should be 21b. TIME OF INJURY, Mapth, Day, Year 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY POR CONTRIBUTING HOUR A.M. J cremotion. EXAMINER: June 91967 Queenston in Duch Tired west CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street of R.F.D. City or Town factory affice building, etc.) NOT WHILE please execute Poge 10erstank buriol. 22a. | certify that | took charge of the remains described above, held on | Autopsy | Inspection (Inquiry D and in my apinian director. death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED funeral FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER & **EXAMINER'S** Heolth may NAME (Type) ADDRESS (Street, city, town, or county) Contreville OR the 0 BURIAL, CREMATION 23b. DATE (County) KMOVAE (Specify) FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

